CHILD HEALTH INEQUALITIES AND THE SOCIAL DETERMINANTS OF HEALTH

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WHO Strategic Meeting on Social Determinants of Health
Geneva, 12-13 Sep 2019
The last SDG

“to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

17.18 Data, monitoring and accountability
SDGs and Countdown to 2030: leave no one behind
Data sources: national surveys

- 115 countries
- 384 surveys
- ~6 million women
- ~4 million children
Classical breakdown by wealth quintiles

Graph tool available at http://www.equidade.org/equiplot.php
Countdown

- Country equity profiles
- Focus on intervention coverage

- The “equiplot”
  - A user-friendly way of presenting equity gaps

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Dissemination: WHO Health Equity Monitor

Global Health Observatory (GHO)

Health Equity Monitor

Inequality in births attended by skilled health personnel:
The proportion of births attended by skilled health personnel in 77 low- and middle-income countries demonstrated a gradient across wealth quintiles. Median coverage in the poorest quintiles, middle quintiles and richest quintiles were 47%, 76%, and 95%, respectively.

Read more
View interactive graph

www.who.int/gho/health_equity/en
Beyond wealth quintiles
New ways to study (old) inequalities

- Wealth deciles
- Ethnicity
- Religion
- Age
- Intersectionality
  - Wealth and residence
  - Wealth and gender
  - Wealth and ethnicity
- Etc.

- Challenges
  - Innovate
  - Be user-friendly
  - Think about your audience
  - Highlight policy implications
  - Think outside the box
Wealth deciles reveal wider gaps than quintiles
Urban-rural and wealth-related gaps interact
Massive ethnic differences in underfive mortality
What to do?

• Recognize that health services are often part of the problem!

• Innovate in the analyses of inequalities in health

• Use equity analyses for
  • Advocacy
  • Policymaking and programming
  • Evaluation of program impact